

5610

05619

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY	
CITY (If outside corporate limits, write RURAL OR give nearest town) Rural N. of Bloomington		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Campbell	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) 55X3 ✓	
3. NAME OF DECEASED: (First) Daniel (Middle) Lewis (Last) Bever		4. DATE OF DEATH (Month) (Day) (Year) June 17 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH: 10/12/1933
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): armed forces		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): Bloomington, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Daniel Bever		14. MOTHER'S MAIDEN NAME: Nellie Jose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓		16. SOCIAL SECURITY NO.: MARCH 1964 220-30-7881	
17. INFORMANT & ADDRESS: Milton Bever, Bloomington, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 8d3X Immediate cause (a) Fractured skull DUE TO		INTERVAL BETWEEN ONSET AND DEATH 45 min.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (b) (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Freehere St. Mandile			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street 135 near Bloomington Garage (County) (State) H 11	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jun 17 1955 12P.M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Truck went out of control			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE S. Baum for her		CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 6/17/55	
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 6/20/55 NAME OF CEMETERY OR CREMATORIAL Bethel Cem LOCATION (City, town, or county) Garrett ct., Md. (State)	
DATE REC'D BY LOCAL REG. 6-20-55		REGISTRAR'S SIGNATURE Dorey Patterson	
		24. FUNERAL DIRECTOR E. S. Boal Westernport, Md. ADDRESS	

RECEIVED
BUREAU X. S.

JUN 23 1955

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05620

5611 CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL OR <input type="checkbox"/> TOWN KITZMILLER)	MARYLAND LENGTH OF STAY 57 yrs	STATE <input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL and give nearest town) OR <input type="checkbox"/> TOWN KITZMILLER	COUNTY GARRETT
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> COR. W. MAIN & 2ND. AVE.	STREET ADDRESS (If rural give location) COR. W. MAIN & 2ND. AVENUE		
3. NAME OF DECEASED (First) ELECTIE (Middle) BEULAH (Last) BISHOP		4. DATE OF DEATH JUNE 12, 1955	
5. SEX FEMALE	6. COLOR OR <input checked="" type="checkbox"/> WHITE	7. SINGLE, MARRIED, WIDOWED <input checked="" type="checkbox"/> MARRIED (Specify)	8. DATE OF BIRTH APRIL 16, 1876
9. AGE last birthday 79 yrs.		10. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (State or foreign country) JOB, RANDOLPH CO. W. VA.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME JACOB K. RODAMAN		14. MOTHER'S MAIDEN NAME ALICE WHITE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unk.) <input type="checkbox"/> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT & ADDRESS JOHN BISHOP, KITZMILLER, MD.		18. MEDICAL CERTIFICATION <i>Acute Myocardial insufficiency Cessation of the beat of the Pancreas with metastasis in liver</i>	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 157X IMMEDIATE CAUSE Antecedent cause(s) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		20. INTERVAL BETWEEN ONSET AND DEATH 3 days	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH liver		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. DATE OF OPERATION March 1955		24. MAJOR FINDINGS OF OPERATION Common fund of peritoneum with metastasis to liver	
25. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		26. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (City or town) (County) Kitzmiller (State) MD		28. TIME OF INJURY (Month) (Day) (Year) (Hour) M. June 12, 1955	
29. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		30. HOW DID INJURY OCCUR? <i>from the causes and on the date stated above.</i>	
31. I hereby certify that I attended the deceased from June 12, 1955 , to June 12, 1955 , that I last saw the deceased alive on June 12, 1955 , and that death occurred at 2:20 AM , from the causes and on the date stated above. SIGNATURE <i>Ralph Calandella</i> M.D. ADDRESS (Street, city, town, state) Kitzmiller, Md DATE SIGNED June 13, 1955			
32. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		33. DATE THEREOF 6/14/55	
34. NAME OF CEMETERY OR CREMATORIAL I.O.O.F. CEMETERY		35. LOCATION (City, town, or county) EIK GARDEN, Mineral Co. Va.	
36. REG'D BY REGISTRAR DATE June 13-55		37. REGISTRAR'S SIGNATURE John Barrack	
38. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. J. Sharpley		39. ADDRESS B. Laine, W. Va.	

TRADING NAME	QUALITY	QUANTITY	TRADING NAME
K. JIBERIN	COTTON	1000	H. JIBERIN
EVA. JIBERIN & CO.	EVA. JIBERIN & CO.	1000	
SH. JIBERIN	SOYBEAN	1000	SH. JIBERIN
SH. JIBERIN	SOYBEAN	1000	SH. JIBERIN
EVA. JIBERIN & CO.	EVA. JIBERIN & CO.	1000	
SH. JIBERIN	SOYBEAN	1000	SH. JIBERIN
EVA. JIBERIN & CO.	EVA. JIBERIN & CO.	1000	
SH. JIBERIN	SOYBEAN	1000	SH. JIBERIN

BUREAU V. S.

JUN 15 1955

РЕГЕЛИ

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

CERTIFICATE OF DEATH

Item 9, Film G183 7-5-55 et

Reg. Dist. No. 162

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett CITY (If outside corporate limits, write RURAL or TOWN and give nearest town) X		STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Rural STREET ADDRESS X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grantsville, RD #2		LENGTH OF STAY (In this place) life	
3. NAME OF DECEASED (Type or Print) GEORGE		4. DATE (Month) (Day) (Year) June 25 1955	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH July 17, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY own farm	
11. BIRTHPLACE (State or foreign country) Maryland		9. AGE last birthday 87 86 yrs.	
13. FATHER'S NAME William Broadwater		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) none	
17. INFORMANT & ADDRESS: R. Lee Broadwater, Grantsville, RD 2		18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X Primary bronchopneumonia IMMEDIATE CAUSE (A) Generalized arteriosclerosis ANTECEDENT CAUSE(S) DUE TO (B) 4 days DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) 20 years	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None		22. DATE OF OPERATION none	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION —	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) —	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> M.	
21f. HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from 6/16 1955 to 6/25 1955 , that I last saw the deceased alive on 6/25 1955 , and that death occurred at Salisbury, Penna. from the causes and on the date stated above. SIGNATURE G. Paige Strong M.D. ADDRESS (Street, city, town, state) Salisbury Penna. DATE SIGNED 6/27/55 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 6/28/55 NAME OF CEMETERY OR CREMATORIAL New German Reformed Cemetery LOCATION (City, town, or county) NEW GERMANY GARRETTS, MD (State) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE E. L. B. - 25. FUNERAL DIRECTOR'S SIGNATURE Donald J. Newman ADDRESS Grantsville, Md. DATE June 27/55			

WISCONSIN STATE BUREAU OF INVESTIGATION - 11

CERTIFICATE OF SEALS

RECEIVED

RECEIVED - JUN 29 1955

LAWRENCE M. HARRIS

DEPUTY ATTORNEY GENERAL

STATE OF WISCONSIN

AT MADISON

ON BEHALF OF THE

STATE OF WISCONSIN

AT MADISON

ON BEHALF OF THE

STATE OF WISCONSIN

AT MADISON

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AT MADISON

ON BEHALF OF THE

STATE OF WISCONSIN

BUREAU Y. S.

JUN 29 1955

RECEIVED

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05622

5613

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, FilmG183 6-28-55 et

1. PLACE OF DEATH

COUNTY Garrett

CITY (If outside corporate limits, write RURAL
OR end give nearest town)
TOWN Oakland

MARYLAND

LENGTH OF STAY
(in this place)
19 days**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland

COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Mountain Lake Park

STREET ADDRESS

(If rural give location)

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Garrett Co. Memorial Hospital**3. NAME OF
DECEASED**
(Type or Print)

(First) Charles (Middle) Robert (Last) DeWitt

**4. DATE (Month)
OF DEATH**

June 15 55

19

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify) Widowed

8. DATE OF BIRTH

May 27, 1902

9. AGE last birthday
59 53 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

Co. Road Employ

11. BIRTHPLACE (State or foreign country)
Carmel, W. Va.12. CITIZEN OF WHAT
COUNTRY?
U. S. A.

13. FATHER'S NAME

DeWitt, Matthew

14. MOTHER'S MAIDEN NAME

Field, Fannie B.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Yes

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-01-9755

17. INFORMANT & ADDRESS

George DeWitt, Sang Run, Md.

18. MEDICAL CERTIFICATION

416X IMMEDIATE CAUSE

(A)

Cardiac Failure with Uremia

INTERVAL BETWEEN
ONSET AND DEATH

6 weeks?

ANTECEDENT CAUSE(S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,

(B)

GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

Old Rheumatic Carditis

Years

18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

White
at work Not white
at work

22. I hereby certify that I attended the deceased from 6/14

alive on 6/15, 19 55, and that death occurred at 2:05 P.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

6/17/55

NAME OF CEMETERY OR CREMATORI

Hoyes Cemetery

LOCATION (City, town, or county)

(State)

near Accident, Md.

24. REC'D BY REGISTRAR

DATE

6/17/55

REGISTRAR'S SIGNATURE

Julia Kavan L.R.

25. FUNERAL DIRECTOR'S SIGNATURE

Emory Bolden

ADDRESS

Oakland, Md.

BUREAU X. S.

JUN 25 1955

REGEI VED JIN

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5614

CERTIFICATE OF DEATH

05623

166

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY	GARRETT
CITY (If outside corporate limits, write RURAL OR and give nearest town)	RURAL
TOWN	OAKLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS	00

MARYLAND
LENGTH OF STAY
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE	MD	COUNTY	GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town)	RURAL		
TOWN	OAKLAND		
STREET ADDRESS			

(If rural give location)

**3. NAME OF
DECEASED
(Type or Print)**

MARY GECELIA KERINS

**4. DATE (Month)
OF
DEATH**

JUNE 19 1955

5. SEX

FEMALE

COLOR OR
RACE

WHITE

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

HOUSEWIFE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

SINGLE NOV. - 1877

9. AGE last birthday

77 yrs.

IF UNDER 1 YEAR
Months Days Hours Min.**13. FATHER'S NAME**

JAMES KERINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

JAMES KERINS. OAKLAND MD.

14. MOTHER'S MAIDEN NAME

MARGARET MELVIN.

18. MEDICAL CERTIFICATION

450.0 IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)
DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(A) DUE TO
(B) DUE TO
(C) DUE TO

Bronchopneumonia - left

arterio sclerosis -

INTERVAL BETWEEN
ONSET AND DEATH5 days
5 years**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION**

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
of INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1955, to 6-12, 1955, that I last saw the deceased

alive on 6-12, 1955, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE

E. Phanece

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

DATE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

6/21/55 Julia A. Rowan

DATE

Emrys Bolden OAKLAND MD.

ADDRESS

U.S. GOVERNMENT PRINTING OFFICE: 1955
U.S. GOVERNMENT CERTIFICATE OF PEGASUS

RECEIVED
CIVIL AIR PATROL
HEADQUARTERS
U.S. AIR FORCE
FEDERAL AVIATION
ADMINISTRATION
U.S. GOVERNMENT
PRINTING OFFICE
1955

BUREAU U. S.

JUL 11 1955

GEARED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5615

CERTIFICATE OF DEATH

Reg. Dist. No.

15624

166

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY GARRETT.

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN DEER PARK.

MARYLAND

LENGTH OF STAY
(in this place)

4 WEEKS.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD

COUNTY GARRETT.

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN DEER PARK

MD X

STREET ADDRESS
(If rural give location)3. NAME OF
DECEASED
(Type or Print)

(First) BERTIE (Middle) MAY (Last) KING.

4. DATE (Month)

(Day)

(Year)

OF
DEATH

JUNE - 19 - 1955

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

9. AGE last birthday

10. IF UNDER 1 YEAR

11. IF UNDER 24 HRS.

FEMALE WHITE

10e.

10b.

USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

COOK

KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

DEER PARK.

12. CITIZEN OF WHAT
COUNTRY?

U.S.

13. FATHER'S NAME

HENRY HARDESTY.

14. MOTHER'S MAIDEN NAME

JULIA TASKER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-14-6073

17. INFORMANT & ADDRESS

ASHFUL KING DEER PARK

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A)

acute Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSE(S) DUE TO

Myocardial Dystrophy

much

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

Cardio-Vascular Renal Disease with

1 yr.

edema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

M. While at work Not while at work

22. I hereby certify that I attended the deceased from June 19, 1955, to June 19, 1955, that I last saw the deceased alive on June 19, 1955, and that death occurred at 9 A.M. from the causes and on the date stated above.

SIGNATURE

Ralph Calandella M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

Ritsonville, MD June 20-55

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

BURIAL

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

REGISTRAR'S SIGNATURE

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

DATE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

June 22, 1955 Julie A Rowan Enroy Bolden OAKLAND MD

Sept 11 1911

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05625

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <input checked="" type="checkbox"/> TOWN	GARRETT OAKLAND	MARYLAND LENGTH OF STAY (In this place) 19 DAYS	STATE MARYLAND CITY OR TOWN ST. LAKE PARK, MARYLAND STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> GARRETT COUNTY MEMORIAL HOSPITAL			
3. NAME OF DECEASED (First) EMMA (Middle) ROSA (Last) MC GILL		4. DATE OF DEATH (Month) (Day) (Year) 6 22 1955	
5. SEX <input checked="" type="checkbox"/> FEMALE	6. COLOR OR RACE <input checked="" type="checkbox"/> WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <input checked="" type="checkbox"/> WIDOWED	8. DATE OF BIRTH <input checked="" type="checkbox"/> MAY 2, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/> HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <input checked="" type="checkbox"/> WEST VIRGINIA
13. FATHER'S NAME <input checked="" type="checkbox"/> NICHOLAS, BOLYARD		14. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/> JEFFREYS, CARRIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> LABEL MC GILL, ST. LAKE PARK, MD.	
17. INFORMANT & ADDRESS			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 44 <input checked="" type="checkbox"/> IMMEDIATE CAUSE (A) <input checked="" type="checkbox"/> <i>Bronchopneumonia Terminal</i> ANTECEDENT CAUSE(S) DUE TO (B) <input checked="" type="checkbox"/> <i>urimia</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <input checked="" type="checkbox"/> <i>Cardio-renal disease (arteriosclerotic)</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>4 days</i> <i>10 years</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <input checked="" type="checkbox"/> June 3, 1955, to <input checked="" type="checkbox"/> June 22, 1955, that I last saw the deceased alive on <input checked="" type="checkbox"/> June 22, 1955, and that death occurred at <input checked="" type="checkbox"/> 8:15 P.M., from the causes and on the date stated above. SIGNATURE <i>Andrew S. Maurice</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland Md</i> DATE SIGNED <i>23 Jun 55</i> VS AISC 1-51-10A			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <input checked="" type="checkbox"/> Removal		DATE THEREOF <input checked="" type="checkbox"/> 6/24/55	NAME OF CEMETERY OR CREMATORIUM <input checked="" type="checkbox"/> Shay's Cemetery
24. REC'D BY REGISTRAR <input checked="" type="checkbox"/> 523753		REGISTRAR'S SIGNATURE <input checked="" type="checkbox"/> J. L. Jones	LOCATION (City, town, or county) <input checked="" type="checkbox"/> near Newburg, W. Va.
DATE		25. FUNERAL DIRECTOR'S SIGNATURE <input checked="" type="checkbox"/> Emory Bolden	
		ADDRESS <input checked="" type="checkbox"/> Oakland, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05626
 5617 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rt. 2, Frostburg		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rt. 2, Frostburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		(First) SAMANTHA (Middle) (Last) (WARNER) MCKENZIE	
4. DATE (Month) OF DEATH: June 19,		(Day) (Year) 1955	
5. SEX: female		6. COLOR OR RACE: white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married		8. DATE OF BIRTH: 6-5-1889	
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if part-time)		10B. KIND OF BUSINESS OR INDUSTRY: own home	
13. FATHER'S NAME: Washington Warner		11. BIRTHPLACE (State or foreign country): Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO: none	
17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (\$: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST		18. MEDICAL CERTIFICATION (A) DUE TO <i>Carcinoma right-lung</i> (B) DUE TO <i>Chronic cholecystitis</i> (C) <i>c lithiasis</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4-1, 1955, to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 7 A.M. from the causes and on the date stated above. SIGNATURE <i>H.C. diehl</i>		21F. HOW DID INJURY OCCUR? ADDRESS <i>Frostburg, Md.</i> DATE SIGNED <i>6/21/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6-22-1955 NAME OF CEMETERY OR CREMATORIUM Greenville Cemetery LOCATION (City, town, or county) Pocohontas, Pa. (State)	
DATE REC'D BY LOCAL REGISTRAR 6-22-55		REGISTRAR'S SIGNATURE <i>Dorothy A. Roe</i>	
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md.		ADDRESS	

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53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5618

CERTIFICATE OF DEATH

05627

Reg. Dist. No. 166

1. PLACE OF DEATH

COUNTY **GARRETT.**
 CITY (If outside corporate limits, write RURAL
OR end give nearest town)
 TOWN **RURAL GORMAN MD.**
 HOSPITAL OR
INSTITUTION OR
 STREET ADDRESS

MARYLAND
 LENGTH OF STAY
 (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MD**
 COUNTY **GARRETT.**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **RURAL GORMAN MD.**
 STREET
 ADDRESS

3. NAME OF

(First)
 (Middle)
 (Type or Print)**STEVE DOUGLAS REALL.**

(Last)

4. DATE (Month)

(Day)

(Year)

JUNE 21 1955.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

AUG. - 26 - 18929. AGE last birthday
162 yrs.10b. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)**LUMBERMAN.**10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BARRETT'S. MD.12. CITIZEN OF WHAT
COUNTRY?**U.S.**

13. FATHER'S NAME

CLAY REALL.

14. MOTHER'S MAIDEN NAME

BETTY JANE EYES.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

279-16-3136

17. INFORMANT & ADDRESS

MRS. ALICE REALL, W.VA. BOX-624. MORGANTOWN.INTERVAL BETWEEN
ONSET AND DEATH**Sudden****5 years**

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE

(A)

Coronary Thrombosis

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

Coronary Heart DiseaseII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 1955** to **Feb. 1955**, that I last saw the deceased alive on **Feb. 1955**, and that death occurred at **10:12 A.M.** from the causes and on the date stated above.

SIGNATURE

John Calombera

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

BURIAL**JUNE 24-1955****BAYARD CEMETERY****BAYARD****W. VA.**

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

6/24/55**Miss Swan****Emroy Bolden****OAKLAND****MD.**

1970-1971
1971-1972
1972-1973
1973-1974
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2018-2019
2019-2020
2020-2021
2021-2022

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be retained for us as a burial transit permit.

VS AISC 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5619 CERTIFICATE OF DEATH

05628
161

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Rural Gorman		STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Gorman	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Mi. West Gorman		STREET ADDRESS 5 Mi. West Gorman	
3. NAME OF DECEASED (Type or Print) Rosie		(First) (Middle) (Last) Virginia Shreve	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 15, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
13. FATHER'S NAME James Armentrout		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----	
17. INFORMANT & ADDRESS Melvin Shreve Mt. Lake Park, Md.		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 481X IMMEDIATE CAUSE (A) Cardiac desies (Chronic) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Lagrip 3 minths previous, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Causing the heart disease, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None	
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? -----	
22. I hereby certify that I attended the deceased from March 10th 1955, to June 17th, 1955, that I last saw the deceased alive on March 10th 1955, and that death occurred at 2:30 P.M. from the causes and on the date stated above. SIGNATURE <i>John Wenzel</i> M.D. ADDRESS (Street, city, town, state) Oakland MD. June 18th 1955 DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/19/1955	NAME OF CEMETERY OR CREMATORIAL Shreve Cemetery
24. REC'D BY REGISTRAR -----		REGISTRAR'S SIGNATURE <i>Juli A. Rowan Herbert E. Leighton</i>	25. FUNERAL DIRECTOR'S SIGNATURE -----
DATE 18/55		ADDRESS Oakland, Md.	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

115829

5620

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Garrett		MARYLAND	STATE W. Va.		COUNTY Monongahela
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		LIA
X Oakland		9 Months	Morgantown		85X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home			STREET ADDRESS		
			(If rural give location)		
3. NAME OF DECEASED (Type or Print) David Edward Shrout			4. DATE (Month) (Day) (Year) June 27, 1955		
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH Feb. 14, 1890	9. AGE last birthday 65	IF UNDER 1 YEAR Months yrs. Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner			10b. KIND OF BUSINESS OR INDUSTRY Bituminous	11. BIRTHPLACE (State or foreign country) West Virginia	
13. FATHER'S NAME George R. Shrout			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 236-12-7975		17. INFORMANT & ADDRESS Max A. Shrout Star City, W. Va.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION		
24IX IMMEDIATE CAUSE Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 7 Hours		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			B		
DUE TO (A) Bronchial asthma - Severe DUE TO (B) years DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Oakland, Md. (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/30/54 , 19 55 , to 6/27/55 , 19 55 , that I last saw the deceased alive on 6/24/55 , 19 55 , and that death occurred at 2:30A.M. from the causes and on the date stated above. Thomas J. Lush M.D. ADDRESS (Street, city, town, state) Oakland, Md. DATE SIGNED 6/27/55 SIGNATURE					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/30/1955		NAME OF CEMETERY OR CREMATORIAL East Oak Grove Cemetery	
24. REC'D BY REGISTRAR 6/27/1955		REGISTRAR'S SIGNATURE J. Lush		LOCATION (City, town, or county) Morgantown, W. Va.	
DATE 6/27/1955		25. FUNERAL DIRECTOR'S SIGNATURE Heribert E. Neigh		ADDRESS Oakland, Md.	

RECEIVED
JUL 11 1955

BUREAU V.

TO	SUBJECT	FROM	DATE	TIME
DR. J. J. JONES	SEARCHED	SEARCHED	JULY 11 1955	10:00 A.M.
DR. J. J. JONES	INDEXED	INDEXED	JULY 11 1955	10:00 A.M.
DR. J. J. JONES	FILED	FILED	JULY 11 1955	10:00 A.M.
DR. J. J. JONES	SEARCHED	SEARCHED	JULY 11 1955	10:00 A.M.
DR. J. J. JONES	INDEXED	INDEXED	JULY 11 1955	10:00 A.M.
DR. J. J. JONES	FILED	FILED	JULY 11 1955	10:00 A.M.

SEARCHED OR DEATH

SEARCHED AND INDEXED BY [unclear]